TO SECURE A TREATMENT OF THE PARTY OF THE PA

BUREAU V. S.

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VS. A15A - 5 - 53
PLEASE WRITE PLA

MEDICAL	EXAMINER'S	CERTIF	ICATE	OF	DEATH	No	51
I. PLACE OF DEATH:	4	2. USU	IAL RESIDENCE	(HOME) O	F DECEASED:	11 4	-
COUNTY Chilos	MARYL	LAND ST	ATE C	4 com	NTY CE	vel	
OR and give nonnet to	limits, write RURAL LENGTH	ds place)    OR	Y (If outside cor	/		ind give neares	t town)
TOWN JOUR	rous a	grass TO		our			X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	umond Hout		RESS	(lf r	ural, give location	1)	1
3. NAME OF DECEASED: (Type or Print)	Stat (Middle)	Eliza	ns 1	OF DEATH	(Month) (D	(Year)	
5. SEX: 6. COLOR RACE		D. 8. DATE OF BI	7 9. A	GE last bi	rthday: IF UNDER Months	Days Hours	Min.
10a. USTVAL OCCUPATION Work done during most	of work life INDUSTRY:	USINESS OR 11.	BIRTHPLACE (S	1 / 4		country	
13. FATHER'S NAME:		14. MC	OTHER'S MAIDEN		1	2	
William.	Barton Flk	1 7	nary E	hashil	the Xe	2	
15. WAS DECEASED EVER IN U	J.S. ARMED FORCES? 16. SOCIAL SECU	RITY No.:   17. INF	ORMANT & ADD	RESS:			
(Yes, no, or unk.) (If Yes, gi	WWI 578-14	1-1708	A-Inl	X.	Elk	mel	
1		18. MEDICAL CER	CIPICATION				45
I. DISEASES OR CONDITION  420,  Immediate cause	ONS DIRECTLY LEADING TO DEA	ATH:	coole	Ĺ		INTERVAL ONSET AN	
	DUE TO	1					
Antecedent cause(s)  Diseases or conditions, if							
giving rise to the above				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
stating underlying caus			0		,		
TO THE DEATH BUT	CONDITIONS CONTRIBUTING NOT RELATED TO THE ON CAUSING DEATH.	amf a	and in	i h	ed		
	N:   19b. MAJOR FINDING OF OPE	ERATION:				20. AUTO	PSYC
0						Yes E	1/
21s. EXTERNAL CAUSE W. PRIMARY OF CONTRIB	AS UTING   21b. PLACE (Home, at the linjury	erm, factory, 21c ce bldg., etc.,	(City or town)	, lu	(Opanty)	(State)	
21d. TIME (Month) (Day)	(Year) (Hour)   21e. INJURY OC		HOW DID INJU	RY OCCUI	7.5		
OF INJURY	M. While at work	Not while					
22. I hereby certify the	at I took charge of the rema	ins described abo	ove, held an A	utopsy [	, Inspection [	], Inquiry	, and
find that death resi	ulted from Natural causes	, Accident 🗆				ermined ca	use 🗆
SIGNATURE	Ward 1	M	DEPUTY :	EDICAL E MEDICAL T MEDICA	EXAMINER -	PATE S	55
23. BURIAL CREMATION, REMOVAL (Specify):	DATE THEREOF NAME OF	ote Cence	REMATORY	LOCATION	(City, town, or	county)	(State)
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	The same of the sa	UNERAL DIRECT	TOR	0/50	ADD	RESS
REG. 9-2-17	1 -W. Wa	20d 9.1	2. Harks	reso 4	J-12 - M	elert	, he

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SS61 4 d3s

DECENALD

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08518

#### CERTIFICATE OF DEATH

Reg. Dist. No.

Olimini Toma	teg. Dist, No.	11.55(2)
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Cala 4	- es / Cal +	a
COUNTY CANCEL MARYLAND CITY (If outside corporate timits, write RURAL) LENGTH OF STAY	STATE MEN COUNTY COUNTY	
OR and give nearest town) (in this place)	CITYIII outside corporate iimits, write RURAL and give nearest	town
X TOWN SY. Leonards 4 days	TOWN Suelas	
HOSPITAL OR INSTITUTION OR	STREET (II with give location)	
OF STREET ADDRESS	ADDRESS	
S. NAME OF (First) (Middle) DECEASED: (Type or Print) Sarah M. Ha	(Last) 4. DATE (Month) (Day) (Year	
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 19 AGE last birthday I WINDER LYES IS HOUSE	
RACE: WIDOWED, DIVORCED.	9. AGE last birthday Wunder veak ir under 2. Months Days Hours	Min.
F (Specify): M May	8, 1885 10 yrs 3 26	
work done during most of working life.  OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF	WHAT
even if redired);	Pennsylvania GOUNTRY	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
O plante	C P c h	
- anus 11/C warm	seyan C. Terre	
13. WAR DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	i
If no of service) 200 100	Derice W Harely - dreat	7000
18. MEDICAL CERTIFICAT	TION INTERVAL BET	TWEE!
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONBET AND	DEATH
4.42x 11 T.		
IMMEDIATE CAUSE (A) AGAILLIESTE	il Coedes vorular	
ANTECEDENT CAUSE (8) DUE TO hereal o	lessone.	
DISEASES OR CONDITIONS, IF ANY, (B)		
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION		
Tax. Date of Creation.	20. AUTOP	
and United the second s	YES NO	° []
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, faction CONTRIBUTING 2 CAUSE OF DEATH OF INJURY atreet, office bldg., (If EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State INJURY OCCUR?	le)
210. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while at work at work		
	9/	
22. I hereby certify that I attended the deceased from 4/	1955, to / 4 , 1955, that I last saw the dece	ease
alive on . 1955, and that death occurred at	93 A M, from the causes and on the date stated above.	
SIGNATURE	ADDRESS DATE SIGNED	
MADelun M	oHustinglown 9/5/55	
		State
REMOVAL (SPECIFY) 0 1-10 1001- 90 1111	11-100 1 1 1 1 1 1	1. 1
Bureal Left 1 182 Middleton	one Mapel (1). duchy - labrest to "	red
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
9-6-15 H.W. Ward	U. a. Hartener Ton hat I	MIN

MARGIN RESERVED FOR BINDING PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Supply every item of information curefully.

VS. A15 -- 10 - 53

BUREAU V. S.

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SEP 7 1955

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 12,Film 180 9-21-55 et CERTIFICATE OF DEATH Reg. Dis

8510

carefully. The

Supply every item of information

Reg. Dist. No.

£ .	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	9:
50	COUNTY Coult MARYLAND	STATE WIS COUNTY CON	and the same of th
2	CITY Il out de corporate limits, write RURAL LENGTH OF STAY	CITYIIf outside corporate ilmits, write RURAL a	nd give nearest town)
and a	OR and thre nearest town) (in this place)	TOWN Trushed	Y
>1	HOSPITAL OR	STREET Af rural give location)	
leari	OD STREET ADDRESS & Y SE G. KOUS HARRES	ADDRESS	/
5			Day) (Year)
near	DECEASED: (Type or Print) Serge 6, 17	oushnarect DEATH: 9 /	0 1953
To	B. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED DIVORCED, (Specify)	The state of the s	Aye Hours Min.
Ses	104 USUAL OCCUPATION IGIVE kind of 108 KIND OF BUSINESS	11. (BIRTHPLACE (State or foreign country):  12.	
เลน	work done diving most of working fe. OR INDUSTRY:	Burn 2.	U.S.A.
9	13. FATHER'S NAME:	14 MOTHER'S MAIDEN NAME:	
re ri	Ses Koushygre JJ	Cassially Popoli	
W	(Yes, no, or unk.) (If Yes, give very or dates	17. INFORMANT & ADDRESS:	1200 12
Se	11 no of service) no	Mrs \$125512 KOUS!	Naratt
ea	10. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	ONSET AND DEATH
6/3	IMMEDIATE CAUSE (A) Comment	degen-	744
ะเลก	ANTECEDENT CAUSE (8)		
ysı	DISEASES OR CONDITIONS, IF ANY. (B)		
r.	STATING UNDERLYING CAUSE LAST		
ي	(C)		
rar	TO THE DEATH BUT NOT RELATED TO THE	11	
por	DISEASE OR CONDITION CAUSING DEATH.	cent in fringe	
Im	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
É	214 ACCIDENT WAS UNDERLYING TO 218 PLACE (Home form feet	toty. 21c.(WHERE DIS (City or tows) Count	(State)
ecia	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact or contributing   cause of Death of NJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	July Visland	lud
S es	OF INJURY  OF INJURY  OF INJURY  M.   21E INJURY OCCURRED  While   Not while   at work   at work	2 11. HOW BID INDURY OCCUR?	
ge 1	22. I hereby certify that I attended the deceased from	, 19 , to , 19 , that I last	saw the deceased
65 4.3	alive on, / 19 , and that death occurred at	A	
rec	SIGNATURE A I See A black	11.00 9/4	re signed
COL	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMET	ENY OR CREMATORY   LOCATION (City, town, or	county) (State)
	REMOVAL (SPECIFY)	101111111111	H. Tend
	Burnaf Jept. 17, 1905 Middlen	am Magnes Dusting Calor	The same

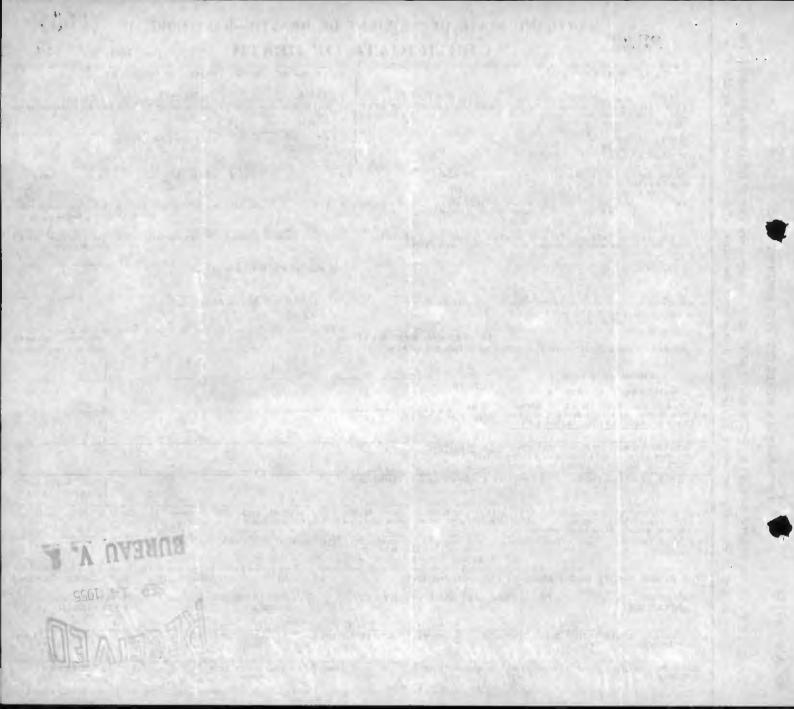
VS. A15-

TYPE

PLEASE

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.



8511

#### CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY CALUETT MARYLAND	STATE MO. COUNTY ( W NOT
CITY (If outside corporate limits, write RURAL) LENGTH DF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	DR D
HOSPITAL OR	STREET (If rurai give location)
INTERIOR OF THE PROPERTY OF TH	ADDRESS
Extreet Address Calvart County Hospital	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) araid an thony Ma	ickell DEATH: Supt. 4 1988
5. SEX: 6. CONOR OR 7. SINGLE, MARRIED, 8. DATE NACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE ast birthday If under tyear IF under 24 Has.
	yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND DF BUSINESS	11. BIRTHPLACE (State or foreign country 12. CITIZEN DF WHAT
work done during most of working life. OR INDUSTRY:	Culvort Co. md.
13. FATHER'S NAME:	14. MDTHER'S MAIDEN NAME:
(i) hand	1 (
Clarence Mackall	Virginia larker
(Yes, no, or unk.) (If Yes, kive war or dates	17. INFORMANT & ADDRESS:
of service)	
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
491%	le prieservoiria
IMMEDIATE CAUSE (A)	a price con
ANTECEDENT CAUSE (S)	1/
GIVING RISE TO THE ABOVE CAUSE THE TO	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
0	YES NO
21A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fac	Plory. 21c. WHERE DID (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	, etc. INJURY DCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	D   21F. HDW DID INJURY DCCUR?
DF INJURY While Not while	
M.   at work   at work	
22. I hereby certify that I attended the deceased from	19 5, to 9/4, 19 , that I last saw the deceased
alive on 4/4, 1955, and that death occurred at	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE/SIGNED
Melerio	1. Office lowers 9/3/35
23 BURIAL CREMATION. DATE THEREOF NAME OF CEMET	ERY DR CREMATORY   LOCATION (City, town, of coupty) (State)
19-6-55 Port	to read -
DATE REC'D BY LDCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRARY 6 - JJE N. (1) . TILLA	FE Sourcell Remon Trederich her
- Contract	is the true

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TYPE

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VS. A15

BUREAU V. S.

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8512

### CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY
COUNTY Calvert MARYLAND	marilla.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	TOWN Lusty X
HOSPITAL OR	STREET (If rural, give location)
County Hospital	ADDRESS France of redsout, Mid
8. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	megers DEATH 9- 16-19-T
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under, 1 year If under 24 hrs.
WIDOWED, DIVORGED, (Specify)	Copyel 2, 1897 56 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country)   12. Citizen of What
done during most of working life, even if retired) INDUSTRY	mary buch Country?
18. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
Same set-Tryers	arme Foot
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. Secual Security No. A	
(Yes, no, or unknown) (If year, give war or dates of 216-12-5251)	martha Myers, Lusby Ind
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
420.1 Heart	
Immediate cause (a) (Veaut	Durier -
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	celusia - Enlarget levert
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
( )	Yes C No C
21. ACCIDENT (Specify)  BUICIDE  HOMICIDE  HOMICIDE  INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY  m.   While at Not While Work   At work	
22. I hereby certify that I attended the deceased from	, 19. to to the deceased that I last saw the deceased
alive on 19 and that death occurred at SIGNATURE (Degree or title)	
21. BURIAL CREMATION DATE REMOVAL (Specify) 9-26 53 SI-	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	
BEG. O	24. FUNERAL DIRECTOR ADDRESS





# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09591

03.00	CERTIF	FICATI	E OF DEAT	CH	Reg. Dist.	No. 5/	
1. PLACE OF DEATH:  COUNTY Calvert MARYLAND  CITY (If outside corporate limits, write RURAL) LENGTH OF STAY			2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY Calvert MARYLAND			STATE MAN	Hand COUNT	Y Calu	ert	
CITY (If outside corporate limit	s, write RURAL LENGT	TH OF STAY	CHTY (If outside	corporate limits, wri	te RURAL and	d give nearest town	
Y TOWN Prince Fred	erick 39	this place	TOWN	Barstow		X	
HOSPITAL OR			STREET ADDRESS	(If rural g	ive location)	1	
OUSTREET ADDRESS Calvert	County No.	spital	ADDRESS			/	
3. NAME OF (First)	(Middle)		(Last)	4. DATE (M	onth) (Da	y) (Year)	
(Type or Print) Rugus	Free s	Pi	twom	OF DEATH:	9 - 3	0 1955	
5. SEX:   6. COLOR OR   7.	SINGLE, MARRIED,	8. DATE		. AGE last birthday	- market -		
RACE:	WIDOWED, DIVORCED (Specify):			₽ø yre.	Months Day	ys Hours   Min.	
Male white	od of 10s KIND OF B	BUSINESS	1. BIRTHPLACE (		ntru) : 110 m	ITITED OF MALE	
work done during most of working even if retired):	life. OR INDUST				9	OUNTRY	
13. FATHER'S NAME:			VIT 9 IN	AIDEN NAME		s. A.	
1							
John Putna	LM		Viola	Commins			
13. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unk.) (If Yes, give war		CURITY NO.	17. INFORMANT 8	ADDRESS:			
of service)			MRS. Verne	Bailey - B	arstow,	md.	
	18. MEDICAL					INTERVAL BETWEEN	
1 DISEASES OR CONDITIONS DI	RECTLY LEADING TO	DEATH				ONSET AND DEATH	
177 X	/	7		0 -1			
IMMEDIATE CAUSE	DUE TO	adlance	ch 14 8	1000			
ANTECEDENT CAUSE (8)	DOE 10						
DISEASES OR CONDITIONS, IF A	16#						
GIVING RISE TO THE ABOVE CAUSE L	AST. DUE TO						
	(c)		1000				
II OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT RELA							
DISEASE OR CONDITION CAU							
19A. DATE OF OPERATION: 198.		OPERATION	V			20. AUTOPSYT	
						YES NO	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	218. PLACE (Hor	me, farm, fact	etc. INJURY OCCUP	OID (City or town)	(County)	) (State)	
(IF EITHER, NOTIFY MEDICAL EXAMINE	R)			``			
OF INJURY (Month) (Day) (Year)	While	Not while at work	21F. HOW DID I	NJURY OCCUR?			
22. I hereby certify that I atte		8 /	3 ( 10 00 )	9/20 10 00	11 - A 7 1 - A		
affive on JO, 19	2, and that death	occurred at	M, from th	e causes and on			
SIGNATURE	9		ADDRESS		6.4	SIGNED	
1 Allena	we from			uffelie		12/5-	
23. BURIAL CREMATION, DATE	1	f CEMETI	ERY OF CREMATORY	LOCATION (C	ity, town, or c	county) (State	
Durcel 9-	30-51- CM	aunt	4 Marden	Girlen	aton,	mo	
DATE REC'D BY LOCAL REGISTRAR	STRAR'S SIGNATURE		24. FUNERAL D		10.	ADDRESS	
9-30-14-	+ W. War	U	L.P.	ver- 12	rling	on Ma	

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Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

TYPE OR WRITE PLAINLY, WITH UNFADING INK.

- 10 - 53 A15-V.S.

PLEASE

HOUSE TO RESIDENCE LINE

BUREAU V. E.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0.8	522
	Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH No.
				I I I NO.

MEDICAL	EAAGHIVERS	CHILL	PICALE	OL	DEATH	No.
1. PLACE OF DEATH://	1	2. T	SUAL RESIDENCE	E (HOME)	OF DECEASED:	0
COUNTY Calu	MARYL.	AND	STATE ///	COL	INTY Privace	Benje _
CITY (If outside co) perate OR and the neather to	e limits, Frite RURAL LENGTH (in thi	s place)   (	CITY (If) outside of the TOWN	prorate jim	its write RURAL an	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS			TREET	(If	rural, give location)	V
8. NAME OF DECEASED: (Type or Print)	First (Middle)	4/0	10 d	4. DATE OF DEATH	(Month) (Da	y) (Year)
6. SEX: 6. COUOR RACE:	7. SINGLE, MARRIED, WIDOWED, DAY ORCED (Specify):	8. DATE OF	BIRTH: 19.	AGE last b	yra. Months I	YEAR IF UNDER 24 HRS. Pays Hours Min.
Ida. USUAL OCCUPATION work done during mos even if retired):		SINESS OR	11. BIRTHPLACE	(State or i	oreign country):	COUNTRY?
18. FATHER'S NAME:	wood	14.	MOTHER'S MAID	EN NAME:	will.	
15. WAS DECEASED EVER IN I (Yes, no, or unk.) (If Yes, g		ITY No.: 17. 1	NFORMANT LA	DRESS:	O MI Ru	· · · · · · · · · · · · · · · · · · ·
		18. MEDICAL C	ERTIFICATION /	1205	1 Rene Ol &	rea_
I. DISEASES OR CONDITIO	ONS DIRECTLY LEADING TO DEA			LOS	garriere	INTERVAL BETWEEN ONSET AND DEATH
929.8 Immediate cause	(a) Show					
Immediate cause	DUE TO				***************************************	
Antecedent cause(s)	40.5					
Diseases or conditions, i	if any, (b)	****************************	************************************		******************************	**** (********************************
stating underlying cause	se last					
	CONDITIONS CONTRIBUTING	^		01	./	
	ON CAUSING DEATH.	as m	my m	Cha	Rey	
19a. DATE OF OPERATION	N: 19b. MAJOR FINDING OF OPE	RATION:	/		1	Yes No C
21a. EXTERNAL CAUSE W PRIMARY For CONTRIB CAUSE OF DEATH.	BUTING OF Street, office	oldg., etc.,	M Den	el (	Select 0	(State)
21d. TIME ((Month) (Day) OF INJURY	While at	Vot while	21f. HOW DID IN	JURY OCCU	IRT	
22. I hereby certify th	at I took charge of the remain	ns described	above, held an	Autopsy [	, Inspection	, Inquiry [], and
	ulted from / Natural causes	], Accident				rmined cause [].
SIGNATURE	) Ward		DEPUTY	MEDICAL MEDICAL ANT MEDIC	EXAMINER -	STATE SIGNED
28. BUBIAL, CREMATION.	DATE THEREOF I NAME OF	CEMEZERY O			N (City, toyy, or c	ounty) (State)
Curial (Specity):	19/8/55 Toet	Luca	lu	Vien	ee Geor	a Co red
PATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	7 0 2	FUNERAL DIRE	CTOR	0 . 6	ADDRESS
Mas 5 1955	angel of New	Meker	Will A.	Helle	Kins C	Wen 40 1/10

VS. A15A - 5 - 53

PLEASE WRITE PRAINLY, WITH UNFADING INK. Supply every item of Mormation carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

BUREAU V. S.

SS61 6 435

RECEIVED